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**Release of Records**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for the transfer copies of my child’s records to the Excel Middle School Academy. The record should include copies of the following:

1. Transcripts of grades or evaluations.
2. Results of all standardized tests.
3. Individual Education Plan, if applicable.
4. Other information maintained in student's permanent record.

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Parent Signature Date

Send requested information to:  
Admissions Office  
Excel Middle School Academy  
5016 Bur Oak Place  
Sioux Falls, SD 57108  
(605)988-0900  
Fax☹605) 275-0797   
http://www.excelachievement.com